

EXTENDED CARE REGISTRATION 2024-2025

Office Use Only:

Date Paid: _____

Extended Care Payment Break Down	
\$120 Registration Fee per Student	\$7.00 per hour/ per student (charged after 10min)

Extended Care opens at **6:15am** and ends at **5:30pm**. A late charge of **\$5/per minute** will be charged for any students not picked up by 5:30pm. Extended Care follows the school calendar (if the school is closed, so is extended care).

PAYMENT:

Extended Care does **NOT** do payments by the half hour. We have an hourly rate and will charge students, after 10mins of being in Extended Care. Billing is sent out every two weeks. Invoice needs to be paid no later than one week, after receiving it. Failure to pay, will result in the removal of your child from extended care services.

HALF DAYS:

All students must be signed up for half day on the sheet, in the Extended Care room. Sign up will be out one week before the half day. Sign up closes, two days before the half day. Spots are limited. If your child is not on the list, a \$30 charge will be required to be paid before your child can come back (in addition to the hourly rate). K4/K5 students can come to extended care on half days, but must sign up.

HOME WORK:

If a student states they do not have homework, we abide by the honor system. If your child is not doing their homework, it is the the parent/guardian's responsibility to communicate it to extended care staff. If you would prefer your student does homework at home with you, please email Beth Flores (extended care director).

WHAT TO BRING:

- K4/K5: Please send your student with a water bottle, lunch, and two snacks .
- 1st Grade and Up: Please send your with a water bottle and afternoon snack.

*****State law requires us to notify police and CPS when children are left at the program without notification from the families and when no contacts can be reached to pick up the student.*****

We look forward to each and every student joining us for 2024-2025 school year. If you have any question about the above information please email me.

Thank you,
Beth Flores, CCS Extended Care Director
bflores@ccstricities.org

I have read, understood , and agree to all the above.

Parent /Legal Guardian Signature

Date

EXTENDED CARE REGISTRATION 2024-2025

Office Use Only:

Date Paid: _____

Students Name:

Date of Birth:

Grade (if k4/k5 specify AM or PM)

Address:

Home Phone:

Email:

() _____

Medication/Allergies (please list all, not just food):

Mothers Information/ Legal Guardian:

Mothers Name:

Mothers Phone/Cell #:

Work Name and Phone #:

Fathers Information/ Legal Guardian:

Fathers Name:

Fathers Phone/Cell #:

Work Name and Phone #:

People authorized to pick up student/ Emergency contact

Name:

Relationship:

Phone#:()

Name:

Relationship:

Phone#:()

Name:

Relationship:

Phone#:()
